



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street  
Franklin, Massachusetts 02038-1352  
p. 508-520-4905 f. 508-520-4989

NEW: Y or N  
RENEWAL: Y or N  
CALENDAR YEAR: \_\_\_\_\_  
FEE AMOUNT: \$65.00

### APPLICATION FOR DISPOSAL OF GARBAGE OFFAL

Chapter III, Section 31A, of the General Laws

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_  
Address of applicant \_\_\_\_\_  
Street City/Town Zip code

I hereby make application to the Franklin Board of Health for the Removal of, and Transport of, within the limits of the Town of Franklin.

GARBAGE	RUBBISH	CESSPOOL, PRIVIES, SEPTIC CONTENTS, TANK	MANURE OTHER

#### EQUIPMENT:

Type of truck \_\_\_\_\_  
Capacity \_\_\_\_\_ Gallons \_\_\_\_\_ Yards \_\_\_\_\_  
Inspected by Board of Health Y or N Inspection date: \_\_\_\_\_

#### DISPOSAL AREA:

**Private:** \_\_\_\_\_

Has the site been approved by Local Authorities? Y or N

Name of town and location: \_\_\_\_\_

State what: \_\_\_\_\_ Sewage; \_\_\_\_\_ Rubbish; \_\_\_\_\_ Other \_\_\_\_\_

**Town owned:** \_\_\_\_\_

Has permission been approved by local authorities? \_\_\_\_\_

Name of town and location: \_\_\_\_\_

State what: \_\_\_\_\_ Sewage; \_\_\_\_\_ Rubbish; \_\_\_\_\_ Other \_\_\_\_\_

Sewage – Estimate gallons per year \_\_\_\_\_

Rubbish – Estimate tons or yards per year \_\_\_\_\_

Other – Estimate \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_